



Compensation and Pension Record Interchange (CAPRI)

CAPRI COMPENSATION AND PENSION WORKSHEET MODULE (CPWM) TEMPLATES - PRESUMPTIVE AGENT ORANGE QUESTIONNAIRE UPDATES

Release Notes

Patch: DVBA*2.7*159

November 2010

Department of Veterans Affairs
Office of Enterprise Development
Management & Financial Systems

Preface

Purpose of the Release Notes

The Release Notes document describes the new features and functionality of patch DVBA*2.7*159 (CAPRI CPWM TEMPLATES - PRESUMPTIVE AGENT ORANGE QUESTIONNAIRE UPDATES).

The information contained in this document is not intended to replace the CAPRI User Manual. The CAPRI User Manual should be used to obtain detailed information regarding specific functionality.

Table of Contents

1. Overview	1
1.1 CAPRI – DBQ Template Updates	1
1.2 AMIE – DBQ Worksheet Updates	1
1.3 CAPRI - DBQ Template Defects	1
1.4 AMIE – DBQ Worksheet Defects	1
2. Associated Remedy Tickets and New Service Requests	2
3. Functional Overview	2
3.1 CAPRI – DBQ Template Updates	2
3.2 AMIE - DBQ Worksheet Updates	3
3.3 Template Views	4
4. Disability Benefits Questionnaires	5
4.1 Ischemic Heart Disease (IHD)	5
4.2 Leukemia (Hairy Cell and Other B-cell Leukemias)	9
4.3 Parkinson’s Disease	13
5. Software and Documentation Retrieval	17
5.1 Software	17
5.2 User Documentation	17

1. Overview

Veterans Benefits Administration Veterans Affairs Central Office (VBAVACO) has approved content changes for three Agent Orange Presumptive Disability Benefit Questionnaires:

- Ischemic Heart Disease (IHD) Disability Benefits Questionnaire
- Hairy Cell and Other B-cell Leukemias Disability Benefits Questionnaire
- Parkinson's Disease Disability Benefits Questionnaire

This patch introduces enhancements to the AUTOMATED MED INFO EXCHANGE (AMIE) V 2.7 package and the Compensation & Pension Record Interchange (CAPRI) application in support of these new Compensation and Pension (C&P) Disability Benefit Questionnaires (DBQs).

The following provides a high-level overview of Patch DVBA*2.7*159 (CAPRI CPWM TEMPLATES - PRESUMPTIVE AGENT ORANGE QUESTIONNAIRE UPDATES).

1.1 CAPRI - DBQ Template Updates

Veterans Benefits Administration Veterans Affairs Central Office (VBAVACO) has approved content updates for three Agent Orange Presumptive Questionnaire templates:

- DBQ ISCHEMIC HEART DISEASE
- DBQ LEUKEMIA
- DBQ PARKINSONS

1.2 AMIE - DBQ Worksheet Updates

Veterans Benefits Administration Veterans Affairs Central Office (VBAVACO) has approved content changes for three Agent Orange Presumptive AMIE C&P Questionnaire worksheets:

- DBQ ISCHEMIC HEART DISEASE
- DBQ LEUKEMIA
- DBQ PARKINSONS

1.3 CAPRI- DBQ Template Defects

A defect (HD0000000442506) in DBQ PARKINSONS not printing correctly has been addressed.

1.4 AMIE – DBQ Worksheet Defects

A defect (HD0000000438238) in the print driver routines for the following AMIE DBQ Worksheets has been addressed:

- *DBQ ISCHEMIC HEART DISEASE
- *DBQ LEUKEMIA
- *DBQ PARKINSONS

2. Associated Remedy Tickets and New Service Requests

1. Associated Remedy Ticket(s):

HD0000000438238 - Worksheets intermittently not printing

HD0000000442506 – DBQ Parkinsons not printing correct value

2. Associated New Service Request(s):

There are no New Service Requests associated with this patch.

3. Functional Overview

The following section contains an overview of the changes and primary functionality that are being delivered in this patch.

3.1 CAPRI – DBQ Template Updates

Veterans Benefits Administration Veterans Affairs Central Office (VBAVACO) has approved the following updates to the CAPRI Disability Benefit Questionnaire templates.

- DBQ ISCHEMIC HEART DISEASE was modified:
 1. To reword the introduction paragraph to read “Your patient is applying to the U.S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim.” instead of the current “The Veteran has applied to the U.S. Department of Veterans Affairs for disability benefits. Please complete this Questionnaire, which VA needs for review of the application.”
 2. To allow the user to record the diagnostic test results regardless of how they answer the question "Is there evidence of cardiac hypertrophy or dilatation?" thus allowing the examiner to record data supporting the positive or negative decision.
 3. To correct a defect discovered by the CAPRI Development team - "Other study (specify):" does not appear on report when no detail data is entered.

Problem: When the examiner chooses "Other Study (specify):" and does not enter any data, "Other study (specify):" does not display on the report.

Solution: The template has been altered so that "Other study (specify):" appears on the report, whether any detail data is entered or not.

- DBQ LEUKEMIA was modified:

1. To reword the introduction paragraph to read “Your patient is applying to the U.S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim.” instead of the current “The Veteran has applied to the U.S. Department of Veterans Affairs for disability benefits. Please complete this Questionnaire, which VA needs for review of the application.”
- DBQ PARKINSONS was modified:
 1. To reword the introduction paragraph to read “Your patient is applying to the U.S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim.” instead of the current “The Veteran has applied to the U.S. Department of Veterans Affairs for disability benefits. Please complete this Questionnaire, which VA needs for review of the application.”
 2. Section 5, "Additional manifestations/complications due to Parkinson's or its treatment", urinary problems section, has been modified to allow the selection of "Incontinence" and/or "Urinary retention" as discrete problems. The section has been restructured to allow users to select "Use of an appliance" if either “Incontinence” or “Urinary retention” is chosen and to specify the number of absorbent pads used per day for “Incontinence”.
 3. Remedy Ticket HD0000000442506- If you select the Mild button for the third question (Bradykinesia or slowed motion) of the third section (3. Motor manifestations due to Parkinson’s or it’s treatment) and then go print the report, the Severe button is also selected even though the user only chose Mild.

This patch implements these template updates, which are accessible through the Compensation & Pension Worksheet Module of the CAPRI GUI.

3.2 AMIE - DBQ Worksheet Updates

The following Remedy ticket is associated with worksheet update:

* Remedy Ticket HD0000000438238

Problem: Worksheets are printing intermittently since the installation of DVBA*2.7*154. The problem occurs if multiple AMIE Worksheets are printed at the same time. This occurs because the print routines are killing variables required by the second and subsequent worksheets.

Solution: The driver routines for the AMIE worksheets have been updated to preserve the variables that are shared between worksheets.

Veterans Benefits Administration Veterans Affairs Central Office (VBAVACO) has approved the following Automated Medical Information Exchange C&P Questionnaire worksheet updates.

- DBQ ISCHEMIC HEART DISEASE was modified:

1. To reword the introduction paragraph to read “Your patient is applying to the U.S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim.” instead of the current “The Veteran has applied to the U.S. Department of Veterans Affairs for disability benefits. Please complete this Questionnaire, which VA needs for review of the application.”
- DBQ LEUKEMIA was modified:
 1. To reword the introduction paragraph to read “Your patient is applying to the U.S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim.” instead of the current “The Veteran has applied to the U.S. Department of Veterans Affairs for disability benefits. Please complete this Questionnaire, which VA needs for review of the application.”
 - DBQ PARKINSONS was modified:
 1. To reword the introduction paragraph to read “Your patient is applying to the U.S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim.” instead of the current “The Veteran has applied to the U.S. Department of Veterans Affairs for disability benefits. Please complete this Questionnaire, which VA needs for review of the application.”
 2. Section 5, "Additional manifestations/complications due to Parkinson's or its treatment", urinary problems section, has been modified to print the selection of “None” or "Incontinence" and/or "Urinary retention" as discrete problems.

This patch implements the new content for the AMIE Disability Benefit Questionnaire (DBQ) worksheets, which are accessible through the Veterans Health Information Systems and Technology Architecture (Vista) AMIE software package.

3.3 Template Views

Templates will not contain the SSN field or Physician Information fields; these are only contained on the AMIE DBQ worksheets. Additionally, a note stating the following will appear at the bottom of each page of the template. This note also appears after the physician information on the AMIE DBQ worksheet.

NOTE: The VA may request additional medical information, including additional examinations if necessary to complete VA’s review of the Veteran’s application.

4. Disability Benefits Questionnaires

The following section describes the content of the three questionnaires.

4.1 Ischemic Heart Disease (IHD)

Disability Benefits Questionnaire
Ischemic Heart Disease (IHD)

Name of patient/Veteran: _____ SSN: _____

Your patient is applying to the U. S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim.

1. Diagnosis

Does the Veteran have ischemic heart disease (IHD)? Yes No

NOTE: Provide only diagnoses that pertain to IHD.

Diagnosis #1: _____

ICD code: _____

Date of diagnosis #1: _____

Diagnosis #2: _____

ICD code: _____

Date of diagnosis #2: _____

Diagnosis #3: _____

ICD code: _____

Date of diagnosis #3: _____

If additional diagnoses that pertain to IHD, list using above format:

NOTE: IHD includes, but is not limited to, acute, sub-acute, and old myocardial infarction; atherosclerotic cardiovascular disease including coronary artery disease (including coronary spasm) and coronary bypass surgery; and stable, unstable and Prinzmetal's angina. IHD does not include hypertension or peripheral manifestations of arteriosclerosis such as peripheral vascular disease or stroke, or any other condition that does not qualify within the generally accepted medical definition of ischemic heart disease.

Disability Benefits Questionnaire for
Ischemic Heart Disease (IHD)

2. Medical history

Does the Veteran's treatment plan include taking continuous medication for the diagnosed condition?

Yes No

List medications: _____

Is there a history of:

Percutaneous coronary intervention (PCI) Yes No

Treatment facility/date: _____

Myocardial infarction Yes No

Treatment facility/date: _____

Coronary bypass surgery Yes No

Treatment facility/date: _____

Heart transplant Yes No

Treatment facility/date: _____

If yes, is it as likely as not that the Veteran's heart transplant is due to IHD? Yes No

Implanted cardiac pacemaker Yes No

Treatment facility/date: _____

If yes, is it as likely as not that the Veteran's pacemaker is due to IHD? Yes No

Implanted automatic implantable cardioverter defibrillator (AICD) Yes No

Treatment facility/date: _____

If yes, is it as likely as not that the Veteran's AICD is due to IHD? Yes No

Disability Benefits Questionnaire for
Ischemic Heart Disease (IHD)

3. Congestive heart failure (CHF)

Does the Veteran have CHF? Yes No

Is the Veteran's CHF chronic? Yes No

If the Veteran's CHF is not chronic, has the Veteran had more than one episode of acute CHF in the past year? Yes No

Treatment facility/date of most recent episode of CHF: _____

4. Cardiac functional assessment

Has a diagnostic exercise test been conducted? Yes No

a. If yes, provide level of METs the Veteran can perform as shown by the most recent diagnostic exercise testing: _____

Date of most recent diagnostic exercise test: _____

b. If exercise METs testing was not completed because it is not required as part of Veteran's treatment plan, complete the following METs test based on the Veteran's responses:

Lowest level of activity at which the Veteran reports symptoms
(check all symptoms that apply)

dyspnea fatigue angina dizziness syncope
 (1-3 METs) This METs level has been found to be consistent with activities such as eating, dressing, taking a shower, slow walking (2 mph) for 1-2 blocks

(>3-5 METs) This METs level has been found to be consistent with activities such as light yard work (weeding), mowing lawn (power mower), brisk walking (4 mph)

(>5-7 METs) This METs level has been found to be consistent with activities such as golfing (without cart), mowing lawn (push mower), heavy yard work (digging)

(>7-10 METs) This METs level has been found to be consistent with activities such as climbing stairs quickly, moderate bicycling, sawing wood, jogging (6 mph)

The Veteran denies experiencing above symptoms with any level of physical activity

Disability Benefits Questionnaire for
Ischemic Heart Disease (IHD)

5. Diagnostic testing

Determination of cardiac hypertrophy/dilatation is required; the suggested order of testing for cardiac hypertrophy/dilatation is EKG, then chest x-ray (PA and lateral), then echocardiogram. Echocardiogram is only necessary if the other two tests are negative. A limited echocardiogram, if available, is appropriate to determine if cardiac hypertrophy/dilatation is present by measuring only left ventricular dimension, wall thickness and ejection fraction.

Is there evidence of cardiac hypertrophy or dilatation?

Yes No

Diagnostic test (provide most recent test only):

EKG Date of EKG: _____

Chest x-ray Date of CXR: _____

Echocardiogram Date of echocardiogram: _____

Other study (specify): _____ Date: _____

Left ventricular ejection fraction (LVEF), if known: _____ %

Date of test: _____

If LVEF testing is not of record, but available medical information sufficiently reflects the severity of the Veteran's cardiovascular condition, LVEF testing is not required.

6. Functional impact

Does the Veteran's ischemic heart disease impact his or her ability to work? Yes No

If yes, describe impact, providing one or more examples: _____

4.2 Leukemia (Hairy Cell and Other B-cell Leukemias)

Disability Benefits Questionnaire Hairy Cell and other B-cell Leukemias

Name of patient/Veteran: _____SSN: _____

Your patient is applying to the U. S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim.

1. Diagnosis

Does the Veteran now have or has he/she ever been diagnosed with hairy cell leukemia or any other B-cell leukemia?

___ Yes ___ No

NOTE: Provide only diagnoses that pertain to hairy cell or any other B-cell leukemias

Diagnosis #1: _____

ICD code: _____

Date of diagnosis #1: _____

Diagnosis #2: _____

ICD code: _____

Date of diagnosis #2: _____

Diagnosis #3: _____

ICD code: _____

Date of diagnosis #3: _____

If additional diagnoses that pertain to hairy cell leukemia or any other B-cell leukemia, list using above format: _____

2. Status of disease

___ Active ___ Remission

3. Treatment

___ The Veteran is currently undergoing treatment for this leukemia with surgical, radiation, immunotherapy, antineoplastic chemotherapy and/or other therapeutic procedures.

___ The Veteran has completed treatment for this leukemia.

Date of discontinuance of treatment: _____

Disability Benefits Questionnaire for
Hairy Cell and other B-cell Leukemias

4. Complications or residuals of treatment

a. Does the Veteran currently have any complications or residuals of treatment?

Yes No

b. Are there any complications or residuals requiring transfusion of platelets or red cells?

Yes No

If yes, indicate frequency:

At least once per year but less than once every 3 months

At least once every 3 months

At least once every 6 weeks

c. Are there any complications or residuals causing recurring infections?

Yes No

If yes, indicate frequency:

At least once per year but less than once every 3 months

At least once every 3 months

At least once every 6 weeks

Disability Benefits Questionnaire for
Hairy Cell and other B-cell Leukemias

d. Are there any complications or residuals related to anemia?

Yes No

If yes, check all that apply:

Asymptomatic anemia

Requires continuous medication

Requiring bone marrow transplant Date: _____

Symptomatic anemia (check signs and symptoms that apply)

Weakness Easy fatigability Headaches

Lightheadedness Shortness of breath

Dyspnea on mild exertion

Cardiomegaly Tachycardia Syncope

High output congestive heart failure Dyspnea at rest

Other signs and/or symptoms: _____

If available, provide most recent hemoglobin level

(gm/100ml): _____ Date: _____

If available, provide most recent platelet count: _____ Date: _____

If any other residual complications are present, please specify: _____

Disability Benefits Questionnaire for
Hairy Cell and other B-cell Leukemias

5. Functional impact

Does the Veteran's B-cell leukemia impact the Veteran's ability to work?

___ Yes ___ No

If yes, describe impact, providing one or more examples: _____

6. Remarks, if any _____

Physician signature: _____ Date: _____

Physician printed name: _____ Phone: _____

Medical license #: _____

Physician address: _____

NOTE: VA may request additional medical information, including additional
examinations if necessary to complete VA's review of the Veteran's application.

4.3 Parkinson's Disease

Disability Benefits Questionnaire
Parkinson's Disease

Name of patient/Veteran: _____ SSN: _____

Your patient is applying to the U. S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim.

1. Diagnosis

Does the Veteran now have or has he/she ever been diagnosed with Parkinson's disease? Yes No

ICD code: _____

Date of diagnosis: _____

2. Dominant hand

Right Left Ambidextrous

3. Motor manifestations due to Parkinson's or its treatment
(check all that apply)

Stooped posture
 None Mild Moderate Severe

Balance impairment
 None Mild Moderate Severe

Bradykinesia or slowed motion (difficulty initiating movement, "freezing", short shuffling steps)
 None Mild Moderate Severe

Loss of automatic movements (such as blinking, leading to fixed gaze; typical Parkinson's facies)
 None Mild Moderate Severe

Speech changes (monotone, slurring words, soft or rapid speech)
 None Mild Moderate Severe

Disability Benefits Questionnaire for
Parkinson's Disease

Tremor (characteristic hand shaking, "pill-rolling")

Yes No

Extremities affected:

Right upper
 Not affected Mild Moderate Severe

Left upper
 Not affected Mild Moderate Severe

Right lower
 Not affected Mild Moderate Severe

Left lower
 Not affected Mild Moderate Severe

Muscle rigidity and stiffness

Yes No

Extremities affected:

Right upper
 Not affected Mild Moderate Severe

Left upper
 Not affected Mild Moderate Severe

Right lower
 Not affected Mild Moderate Severe

Left lower
 Not affected Mild Moderate Severe

4. Mental manifestations due to Parkinson's or its treatment

Depression

None Mild Moderate Severe

Cognitive impairment or dementia

None Mild Moderate Severe

Disability Benefits Questionnaire for
Parkinson's Disease

5. Additional manifestations/complications due to Parkinson's or its
treatment

Loss of sense of smell

None Partial Complete

Sleep disturbance (insomnia or daytime "sleep attacks")

None Mild Moderate Severe

Difficulty chewing/swallowing

None Mild Moderate Severe

Urinary problems None Incontinence Urinary retention

Absorbent material required, specify pads/day:

0 1 2-4 > 4

Use of an appliance required?

Yes No

Constipation (due to slowing of GI tract or secondary to Parkinson's
medications)

None Mild Moderate Severe

Sexual dysfunction

None Mild Moderate Severe (precludes intercourse)

Erectile dysfunction precludes intercourse

Other manifestations/complications: _____

6. Financial responsibility

In your judgment, is the Veteran able to manage his/her benefit payments
in his/her own best interest, or able to direct someone else to
do so? Yes No

Disability Benefits Questionnaire for
Parkinson's Disease

7. Functional impact

Does the Veteran's Parkinson's disease impact his or her ability to
work?

Yes No

If yes, describe impact, providing one or more examples:

8. Remarks, if any _____

Physician signature: _____ Date: _____

Physician printed name: _____ Phone: _____

Medical license #: _____

Physician address: _____

NOTE: VA may request additional medical information, including additional
examinations if necessary to complete VA's review of the Veteran's application.

5. Software and Documentation Retrieval

5.1 Software

The VistA software is being distributed as a PackMan patch message through the National Patch Module (NPM). The KIDS build for this patch is DVBA*2.7*159.

5.2 User Documentation

The user documentation for this patch may be retrieved directly using FTP. The preferred method is to FTP the files from:

REDACTED

This transmits the files from the first available FTP server. Sites may also elect to retrieve software directly from a specific server as follows:

OI&T Field Office	FTP Address	Directory
Albany	REDACTED	[anonymous.software]
Hines	REDACTED	[anonymous.software]
Salt Lake City	REDACTED	[anonymous.software]

The following files will be available:

File Name	Format	Description
DVBA_27_P159_RN.PDF	Binary	Release Notes

Documentation may also be retrieved from the VistA Documentation Library (VDL) on the Internet at the following address. This web site is usually updated within 1-3 days of the patch release date.

<http://www.va.gov/vdl/application.asp?appid=133>